

TRANSMITTAL FORM

Attorney Docket No.

RAL9-99-0124

2710P

In re the application **Michael J. JOHNSON**

Confirmation No: 7028

Serial No: 09/503,676

Group Art Unit: 2155

Filed: February 14, 2000

Examiner: Won, Young N.

For: Generic Network Protocol Layer with Supporting Data Structure

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group		
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal		
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)		
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter		
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard		
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):		
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer				
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers				
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address				
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for two month(s), from October 16, 2004 to December 15, 2004.					
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)						

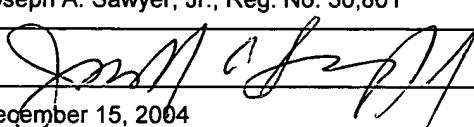
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	Fee
Total Claims	46	47	0	\$ 50.00	\$ 0.00
Independent Claims	12	12	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>08131</u> in the amount of <u>\$450.00</u> is enclosed for payment of two month extension fee.
<input type="checkbox"/>	Charge \$ <u> </u> to Deposit Account No. <u> </u> (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	December 15, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 15, 2004

Type or printed name	Irena Nikolova
Signature	